IOWA HEAD INJURY SCREENING INSTRUMENT

Instructions:

This questionnaire is about head and/or brain injuries. It asks about blows to the head and/or other injuries that may have caused short or long-term difficulties for the person who experienced the injury. An injury of this type may or may not have resulted in a loss of consciousness. Those injuries that would be considered minor bumps to the head should not be recorded.

You are free to skip any questions that you do not want to answer. After you have finished filling out the questionnaire (even if you do not answer all of the questions), please place it in the white envelope provided and seal it. You may then return the envelope to your counselor and receive your gift card.

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1) Age: _____ years

2) Sex: ☐ Female
☐ Male

3) Race: (please check the best response)

☐ Black or African American
☐ Asian
☐ Hispanic or Latino
☐ American Indian
☐ White
☐ Alaska Native
☐ Native Hawaiian or other Pacific Islander
☐ Other (please specify)_____

4) Have you ever experienced a blow to the head from one of the following causes? Minor bumps should not be considered. Please check all that apply.

Cause	How many (if more than one)?	What year(s) did it (they) happen?
☐ automobile crash	_____	_____
☐ motorcycle crash	_____	_____
☐ all-terrain vehicle (ATV) crash	_____	_____
☐ bicycle crash	_____	_____
☐ other vehicle crash	_____	_____
☐ gunshot wound	_____	_____
☐ fighting/assault/abuse	_____	_____
☐ fall	_____	_____
☐ near drowning	_____	_____
☐ sports injury	_____	_____
☐ other—please describe:_____	_____	_____

_____

☐ No, I never had a head injury ⇨ **IF YOU NEVER HAD A HEAD INJURY, STOP. YOU HAVE COMPLETED THE QUESTIONNAIRE AND MAY RETURN IT IN THE ENVELOPE PROVIDED.**

5) From the event(s) that you checked in question 5: Which event, if any, has caused you the greatest amount of short-term or long-term difficulties or problems?

_____

6) Did you ever go to a hospital emergency room after experiencing a head and/or brain injury?
☐ Yes ☐ No **If "Yes"**, how many times? _____ What year(s)? _____

7) Have you ever stayed in the hospital for at least one night after experiencing a head and/or brain injury? ☐ Yes ☐ No **If "yes"**, how many times? _____ What year(s)? _____

8) Did you ever lose consciousness or were you ever in a coma as a result of a head and/or brain injury? ☐ Yes ☐ No **If "yes"**, for each injury indicate, **both**:

Year(s)	Amount of time **(in hours or days)** unconscious or in a coma
_____	_____
_____	_____
_____	_____

9) Has a doctor ever told you that you have a brain injury? ☐ Yes ☐ No

10) Since your injury/injuries, have you had increased difficulty or problems with:

(Please check all that apply)

☐ remembering things	☐ concentrating	☐ problem solving
☐ feeling depressed	☐ feeling anxious	☐ feeling motivated
☐ physical coordination	☐ vision	☐ dizziness
☐ mobility/walking	☐ physical exercise	☐ obesity/weight gain
☐ physical pain	☐ arthritis	☐ headaches
☐ being impulsive	☐ controlling your temper	☐ alcohol
☐ gambling	☐ law enforcement	☐ illicit drugs (like marijuana,
☐ performance at work	☐ performance at school	meth, cocaine)

☐ other _____

11) Because of your injury/injuries, do you need help from other people for the following needs? (Check all that apply)

☐ bathing/personal care ☐ dressing ☐ preparing meals
☐ household chores ☐ paying bills ☐ shopping

12) Have you ever received any of the following services after experiencing a head and/or brain injury? Check all that apply.

Service	**Time frame (example: 1997-1999 or 2/96-5/96)**
☐ physical therapy	_____
☐ occupational therapy	_____
☐ speech therapy	_____
☐ vocational rehab	_____
☐ substance abuse treatment	_____
☐ mental health/counseling	_____

13) Because of your injury/injuries, have you applied for SSI/SSDI? ☐ Yes ☐ No

If "Yes", have you been approved? ☐ Yes ☐ No ☐ Have not been notified

14) Have you applied for the Iowa Medicaid brain injury waiver? ☐ Yes ☐ No

If "Yes", do you qualify for service funding? ☐ Yes ☐ No ☐ Have not been notified

THANK YOU FOR YOUR PARTICIPATION! PLEASE PUT YOUR SURVEY IN THE ENVELOPE PROVIDED.